



Office of General Services  
Office of Business Diversity

**Design and Construction**  
AN ISO 9001:2015 CERTIFIED ORGANIZATION  
Office of Business Diversity, 29<sup>th</sup> Floor, Corning Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12242  
Phone: (518) 486-9284 FAX: (518) 486-9285

**CONTRACTOR'S SDVOB UTILIZATION PLAN**

☐ Revised Plan

Contract No.: **47236-P**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.  
Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>Crescent Contracting Corp. 2800 Webster Avenue Bronx, NY 10458</b>  Federal ID No.: <b>13-2593335</b>	Contract Description/Location: <b>Replace Grease Trap &amp; Piping Bldg 144 - Cook Chill Production Center</b>	Date Proposal Approved:	Date Printed: <b>5/19/2023</b>	Bid Date: <b>5/17/2023</b>	<b>SDVOB GOAL</b>  <b>3%</b>
	Work/Job Order:	OGS Project Number: <b>42736-P</b>	Work Order Value:	Contract Amount: <b>542,341.00</b>	
Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	<b>FOR OGS USE ONLY</b>  SEE BDC 328.1S  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Americcan Industrial Supply Corp. 351 Smith Street, Perth Amboy, NJ 08861</b>  Federal ID No.: <b>84-3955218</b>	<b>Plumbing Supply</b>	<b>7/2023</b>	<b>\$16,270</b>		
Federal ID No.:					
Federal ID No.:					
Federal ID No.:					

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature:		OBD: Confirmed Please note, your firm has proposed to utilize supplier to meet the SDVOB requirement of the contract. We would like to caution your firm of this practice, if all materials as proposed are not needed for the project, your firm will still be required to meet the remaining goal balance of the contract.	
Enter Name: <b>Barr Rickman</b>		<b>FOR OGS USE ONLY</b>  <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued  SDVOB % _____ \$ _____	
Title: <b>President</b>			
E-Mail Address: <b>brickman@crescentcontracting.com</b>	Date: <b>5/23/2023</b>	OGS Authorized Signature: <i>Mariam Mehanna</i>	Enter Name: Mariam Mehanna Date: 05.25.2023